							STA	TEM	5i	DESC	TU 00.		
Prepare	ed by and after	recording return to:)			P\$			fill				
	nb Dunbar P.A)			b.z	Oct	28	3	53	PH '02		
	odman Road)						•	•••			
	ven, Mississip)					43	1	1	ا کا		
1662	349-0664	HEIDCI	TID A E	FIDAVI	Г		BK.	N.4	1/1C	₽Ğ Ţ	12 J		
	DEC	HEIRSI GARDING HOL	RERT I	NOLEN.	DECEAS:	ED	mst.	., UR	.¥10	· VA:	CLK.		
OT A TEL			<u>JEMET 1</u>	TOBBI 19				1//	1/	,			
	E OF <u>TENUE</u> TY OF SH E							Hl Ca		(-)			
													
("AFF	IANT") who is identity by tent, and of su	indersigned authority is personally known to presenting driver's fficient age, upon bei	me (or 11 license ng duly sv	not being per as identificat worn, stated u	tion) and app pon Affiant's	earing oath tl	to te fo	be f	ully ing:				
1.	My name is personally fa personal kno	Malcolm Walker and I live at Cantornia I am miliar with the family and marital history ofHobert Nolen_, and I have wledge of the facts stated in this affidavit.											
2.	personally w	Decedent from1949 until1975 I was ell acquainted with the Decedent during his/her lifetime.											
3.	County, Ten	e Decedent died on May 31, 1975 at the following place of death: Memphis, Shelby unty, Tennessee. At the time of the Decedent's death, Decedent's residence was Memphis, elby County, Tennessee.											
4.	I was well acquainted with the family and near relatives of the said Decedent and with all those who would under the laws of the State of Mississippi be his/her heirs. The following statements and the information contained herein, including my answers to named questions are based upon my personal knowledge and are true and correct.												
QUESTION 1:		Did the Decedent ANSWER:	leave a wi	ill? Yes.									
QUESTION 2:		If the Decedent let ANSWER: No.	ft a will, h	as the will be	een admitted t	o prob	ate?						
QUESTION 3:		If yes, at what place ANSWER:	ce and wh	en?	_ County,		Date	S e.	tate	,			
QUESTION 4:		If the Decedent le	ft no will or the estat	, has an admi	nistrator or pe								

QUESTION 5:

If an administrator or personal representative has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative and include the cause number.

ANSWER: N/A

QUESTION 6:

Give the name and address of the surviving widow or widower of the

Decedent.

ANSWER: None.

QUESTION 7:

If the Decedent was married more than once, give the name(s) of the former husband or wife and state whether said former spouse is dead, remarried or

divorce.

ANSWER: N/A

QUESTION 8:

Give the names and places of residence of all surviving children of the

deceased together with the following information:

ANSWER:

ANSWER: Name of Child	Address	Date of Birth	If not living, date of death	Husband or Wife <u>Name</u>
Jean Dunagan	8603 Lakeshore West, Southaven, MS	10/10/1928	N/A	Clifford Dunagen
Linda Doxey	1747 Forrest Dr., Southaven, MS	11/29/1939	N/A	Jesse Doxey
Betty Golden	1448 Stateline Ro Southaven, MS	1., 06/25/1933	N/A	None

OUESTION 9:

Give the name and address of any deceased children of the decedent, together

with the following information:

Date/ ANSWER: Spouse's Death Surviving Spouse Date/ Death Date/Birth Name of Child N/A Rev. Harold Williams 06/03/2000 12/31/1931 Joye Williams N/A Glenn Stanford Patsy Nolen Stanford 06/25/1933 12/21/1995 N/A None 08/24/1999 07/04/1935 Gerald Nolen

QUESTION 10:

Give the names and addresses of the children of any deceased son or daughter of the Decedent:

ANSWER:

Name of Mother/Father Date/Birth Date/Death Name of Child

BK 043 | PG 0 | 67 Gerald Nolen N/A C. Lisa Jarrell Did the Decedent have any adopted children or step-children taken into his **QUESTION 11:** home? If yes, provide their names, ages and addresses: N/A ANSWER: No. Address Age of Child Name of Child Did the Decedent have any unpaid debts? **QUESTION 12:** If yes, provide as nearly as possible the amount of the debt and ANSWER: creditor and whether such debt has since been paid? Debt now paid? Amount of Debt Creditor If the Decedent left no children, then give below the names and addresses of **QUESTION 13:** his or her surviving father, mother, brothers, sisters and the following information: N/AANSWER: Address or Date/death: Relationship Age Name If the Decedent left no children, spouse, mother, father, brother or sister, state **OUESTION 14:** all other known relatives N/A ANSWER: Address Age Relationship Name Did the Decedent own any real estate in this state? **OUESTION 15:** If yes, list the following: ANSWER: Yes. County Address/ Description DeSoto County, Mississippi Lot 909, Section C, Southaven Subdivision Section 23, Township 1 South, Range 8 West as per Plat in Plat Book 2, Pages 19-22 What is your relationship to the Deceased? **OUESTION 16:** Friend, Acquaintance ANSWER: DATED THIS THE 8 DAY OF OCTOBER

SWORN TO AND SUBSCRIBED before me this the 8

alicia Sament

My Commission Expires: De Cember 7, 2005